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Bib Data Sheet

CONFIRMATION NO. 8373

<b>SERIAL NUMBER</b> 09/766,633	<b>FILING DATE</b> 01/23/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161 3626	<b>ATTORNEY DOCKET NO.</b> 19440.0002	
<b>APPLICANTS</b> Kathryn C. Turner, Bethesda, MD; Veronica Oberdorf, Olney, MD; Gopal V. Raja, Reston, VA; Gail M. Maestas, Herndon, VA;					
<b>** CONTINUING DATA *****</b> none Ln 11/9/04					
<b>** FOREIGN APPLICATIONS *****</b> none Ln 11/9/04					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/26/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Examiner's Signature</i> <i>Ln</i> Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23517					
<b>TITLE</b> System and method for facilitating the care of an individual and dissemination of information					
<b>FILING FEE RECEIVED</b> 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		